STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005722	A. BUILDING: _____ B. WING _____	C 03/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT STONES CROSSING LLC THE	2339 S SR 135 GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00124973. Complaint IN00124973 - Substantiated. No deficiencies related to the allegations are cited. Survey date: March 12, 2013 Facility number: 005722 Provider number: 005722 AIM number: n/a Survey team: Diana Zgonc, RN-TC Census bed type: Residential: 112 Total: 112 Census payor type: Other: 112 Total: 112 Sample: 3 Hearth at Stones Crossing was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00124973. Quality Review completed on March 14, 2013; by Kimberly Perigo, RN.	R 000		